

FAMILY INFORMATION FORM AND URGENT CONCERNS

This form must be completed with any petition and response in any family law, domestic violence or probate guardianship action **INVOLVING MINOR CHILDREN**.

This form, once completed, is a confidential document. It is not available for public viewing, but it can be viewed by the judge, the child custody recommending counselor, your attorney, the opposing attorney, and the other party.

☐ First filing of this form ☐ Subsequent filing of this form

Case Number:

TELL US ABOUT YOURSELF AND THE OTHER PARTY TO THIS ACTION

Your Last Name	Middle Name	First Name	Date of Birth
Other Party's Last Name	Middle Name	First Name	Date of Birth
Other names that you or the other party have used (for example, names from prior marriages or alias):			

CHILDREN

- Has there ever been court papers filed asking for custody of the children of this marriage or relationship?
☐ YES ☐ NO If YES, in which state and county? _____
- Have you requested the services of the Department of Child Support Services (DCSS)?
☐ YES ☐ NO If YES, when? _____
- Are you receiving or have applied for welfare? ☐ YES ☐ NO If YES, when? _____

PLEASE LIST BELOW ALL BIOLOGICAL CHILDREN, STEP CHILDREN, ADOPTED CHILDREN AND THOSE WITH WHOM YOU HAVE LEGAL GUARDIANSHIP.

First	Last Name	Date of Birth	Sex	Do you have an order giving you full or partial custody of this child?
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	

PLEASE LIST NAMES OF OTHER ADULTS LIVING IN YOUR HOME.

First	Last Name	Date of Birth	Sex	Relationship to you
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	

URGENT CONCERNS**Domestic Violence, Child Kidnapping, Child Sexual Abuse, Health, Schooling, Delinquency**

1. Are you currently afraid of the other parent or anyone else living in the home for any reason? ☐ YES ☐ NO
If yes, what is your concern? (use the back side of this form if necessary) _____

2. Do you have concerns about the health, safety, or schooling of any children living in the home? ☐ YES ☐ NO
If yes, what is your concern? (use the back side of this form if necessary) _____

3. Has Child Protective Services ever contacted you about any of your children? ☐ YES ☐ NO

4. Do you have, or are you asking for, a domestic violence restraining order? ☐ YES ☐ NO

5. If you have alleged domestic violence in a written declaration under penalty of perjury or are protected by a protective order, you have the right to have separate sessions with the child custody recommending counselor.

Do you wish to be seen separately and at separate times? ☐ YES ☐ NO

6. An interpreter may be available for domestic violence matters. Do you need an interpreter? ☐ YES ☐ NO

If YES, for what language? _____

COURT AND POLICE ACTIONS

Have you ever been convicted of a crime and/or put in jail or prison? ☐ YES ☐ NO If yes, please explain

Are there any other cases that involve you or your family in **THIS** county? ☐ YES ☐ NO If yes, please complete:

Name of Case	Case Number

Are there any other cases that involve you or your family in **ANOTHER COUNTY OR STATE**? ☐ YES ☐ NO

If yes, please complete:

Name of Case	Case Number	County	State

Signature

Date

Child Custody Recommending Counselor Signature

Date